Leg. 200322002211



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL COMMITTEE COVER PAGE	M. C. M.C. III.	m/ I
ş.a	FOR OFFICI	AL USE ONLY /ZZ/00
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	3. This Statement covers From: 6 - 8 Mo Day	2060 To 10 30 2666 Year Mo Day Year
1. Committee I.D. Number	4. Committee's Mailing Address	110.15
0013691150	PO Box 1 Romeo Mi Area Code and Phone (810) 995-8	
2. Committee Name	If the address in this box is different from	the committee mailing address on the
CHIZEN OSSOCIATION OF RAY TWO	Statement of Organization, mail may be s	ent to this address by the filing official.
	MILE RAY M. 48091	
Area Code and Phone 810 - 995 - 8491	Driver License # (Option 17.0)	
6. Treasurer's Business Address DO BOX ROMEO Mi 48065	7. Designated Record Keeper's Name and Designated Record Keeper)	d Mailing Address (If the committee has a
Area Code and Phone 810-995-8491	Area Code and Phone	Driver License # (Optional)
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u>	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL
8a. <u>TRIANNUAL STATEMENTS</u>	8d. ANNUAL STATEMENT	8g. AMENDMENT TO CAMPAIGN
Even Year Odd Year	(Coverage Year)	STATEMENT
☐ April 25 ☐ January 31	8e. 🛛 PRE-ELECTION OR	(Complete Item 8a, 8b, 8c 8d, 8e, 8f or
☐ July 25 ☐ July 25	8f. POST-ELECTION	8h to indicate which Statement is being amended)
October 25 October 25		330 9
ON OHADTEDLY CTATEMENTO	Pre-Election or Post-Election Statement relates to:	8h. DISSOLUTION OF
8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY)	PRIMARY M GENERAL	GOMMITTEE Effective Date of Dissolution
☐ January 31 ☐ April 25	☐ CONVENTION ☐ SCHOOL	· Energine Date of Essolution
☐ July 25 ☐ October 25	☐ SPECIAL ☐ CAUCUS	
		∰ohth Day Year
8c. ☐ SPECIAL ELECTION INDEPENDENT	Date of Election, Convention or Caucus:	By checking them shall certify that the
EXPENDITURE REPORT	Month Day Year	committee has no assets or outstanding debts, including late filing fees. Note:
• w## ? ?:		The disposition of residual funds must
•		be reported on Schedule 2B and the Summary Page.
A committee that does not have a Reporting Waiver nall applicable Schedules. Direct contributions, in-kind Reporting Waiver threshold. If any of the information committee's Statement of Organization, an amendment request for a Reporting Waiver is not received on a statement can not be waived.	contributions, loans, expenditures and outsta listed in items 2, 4, 5, 6 or 7 has changed sin nt to the Statement of Organization should ac	The Campaign Statements must include anding debts count against the \$1,000 ice the information was shown on the ecompany this Campaign Statement. If a
9. Verification: I certify that all reasonable diligence was	as used in the preparation of this statement a	and attached schedules (if any) and to the
best of my knowledge and belief the contents are true Current Treasurer or	, accurate and complete.	
Designated Record Keeper Chery Godney	, Cherila Godby	
Type or Print Name Authority granted under P.A. 388 of 1976	Signature CFR Rev 9/19	Mo Day Year



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

1. Committee I.D. Number 66 36911 50

2. Committee Name Ct+12013 QSSCC1QHON OF ROYTUP

SUMMARY PAGE INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I	7
RECEIF 13	Column l This Period	Column II Cumulative for Calendar Year
3. Contributions	I IIIS I CITOU	Cumulative for Calendar 1 car
a. Itemized Contributions	· I or	·
(Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) s 4435.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$ 4435.00	(18.)\$ 44.35.66
Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	(19.)\$
		(19.) 3
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(5.) s 4435. OD	(20.) \$ <u>4435.00</u>
(Add line 3c + Line 4) IN-KIND CONTRIBUTIONS	(5.) \$ 7700.00	(20.) \$TIQU. UU_
HAVIND CONTRIBUTIONS		
6. In-Kind Contributions	(6a.) \$	
a. Itemized (Schedule 2-IK, Column 7)	(00.)	
, ,	(6b.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)		·
7 TOTAL INLKIND CONTRIBUTIONS (Add Line 65 + Line 6h)	(7.) \$	(21.)\$
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(/.) \$	(21.) \$
LAI LADITOREO	. In/ y	·
8. Expenditures	(8a.) s 4436, 00	
a. Itemized Direct (Schedule 2B, Column 7)		<u>-</u>
	(8b.) \$	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(·
A small mark that the state of	ida ran	
c. In-Kind Expenditures- Purchase of Goods or Services	(8c.) s 143.62	Į
(Schedule 2B-2, Column 7)	en e e	
. d. Halfamirad flags than \$50.04 apply no Cabadula)	(8d.) \$	
d. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	(22.) 8 143.62
e. Subtotal of Expenditures		
\$	(9.) s <u>3973</u> , 33	(23.)\$ <u>3873,33</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	<u> </u>	
	(10.) s 401695	(24.) \$ 40/6.95
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		
IN-KIND EXPENDITURES		
Ad In Ward France discuss For the set of the set		8
11.In-Kind Expenditures- Endorsements, Donations or Loans of	(11.) \$	(25.) \$
Goods or Services (Schedule 2B-2, Column 8) DEBTS AND OBLIGATIONS		
DEBTS AND OBLIGATIONS	e e	
12. Debts and Obligations	(12a.)\$	
a. Owed by the Committee (Schedule 2E)	(124.) 0	` `.
	(12b.) \$	
b. Owed to the Committee (Schedule 2E)		
BALANCE STATEMENT		-
· · · · · · · · · · · · · · · · · · ·		
13. Ending Balance of last report filed	\h 1	
(Enter zero if no previous reports have been filed.)	(13.) \$	NO
14. Amount received during reporting period	-	· %
(Line 5, Total Contributions & Other Receipts - Column 1)	(14.)+4435.00	
(Line 5, Total Contituduotis & Other Receipts - Columnity		
15. SUBTOTAL Add lines 13 and 14	(15.)= 4435.00	
To the first the miles to and the	(15.)	
16. Amount expended during reporting period	d a sec	
(Line 10, Total Expenditures - Column I)	(16.) - 4016.95	
		
17. ENDING BALANCE	1110 + 5	
(Subtract line 16 from line 15)	(17.)\$ 418.05	*

NOTE: Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.

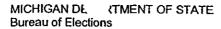


ITEMIZED CONTRIBUTIONS SCHEDULE 2A INDEPENDENT OR POLITICAL COMMITTEE

	1. Committee I.D. Number_	00136911	-50
--	---------------------------	----------	-----

2. Committee Name CHICKN ASSOCIATION OF RAY TWO PAC)

Please enter contributor's name and address. If contribution is (Both are commonly called PACs).	ribution is from an individu from a Political Committee	al, enter last name, first name, or an Independent Committee	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
Name: FRED DIENER	ate of Receipt 6-1	-2000	470.00	470.00
Address: 1920 29 mile RAY Mi 48096 5. If over \$100,00 cumulative, please provide: Occupation 10000 Employer	Beld			
Business Address Sele about				
	an from a person	☐ Fund Raiser		
3. Contribution #2	· ·	— Tulio Naisei		· -
Is this contribution from a PAC? YES 4. D	ate of Receipt 6-28	-2000	4500	_
Name: Angle M ELTON	9-28-	2000	140.00	2 450 00
Address: 20411 30 mile RAY mi 48096	, 50		300.00	
5. If over \$100.00 cumulative, please provide: Occupation <u>Health Well</u> Employer	Self		· :	,
Business Address See above	. 0			
, _ · · · · 	n from a person	☐ Fund Raiser		-
3. Contribution #3				
	ate of Receipt 6-28	- 2000	A9	
Name: RON WHIE	9-21	- 2000	250.00 140.00	~390 °°
Address: 19401 31 mile RAY MI 48096	•	e de la companya de l	140	
5. If over \$100.00 cumulative, please provide: Occupation [Auxilian National Employer]	Self			
Business Address See about				·
Type of Contribution: ACDirect	in from a person	☐ Fund Raiser		·
3. Contribution # 4		· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
Is this contribution from a PAC? YES 4. D	ate of Receipt (0-28-2		1	
Name: CECIL Schoevher	9-25 -	2000	300.00	45000
Address: 62625 WilcoH			150.00	450
RAY MI 48094		,		·
5. If over \$100,00 cumulative, please provide: Occupation Final Employer	Sulf		新	
Business Address Sul about	V			
Type of Contribution: ☐ Direct ☐ Loa	n from a person	☐ Fund Raiser		
	Grand T	Page Subtotal otal of All Schedules 2A	1760.00	
		ist page of Schedule)		
•			Enter this total on line 3a of	
			Summary	
Page Lof 3	Authority granted unde	r P.A. 388 of 1976	Page CFR 7/1	999pac2A





ITEMIZED CONTRIBUTIONS SCHEDULE 2A INDEPENDENT OR POLITICAL COMMITTEE

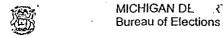
1. Committee I.D. Number 00136911-50

2. Committee Name CHIZENS ASSOCIATION OF RAY TWO PRE

		····		
Please enter contributor's name and addres middle initial. Check box to indicate if contributor are commonly called PACs).	s. If contribution is from an individual, ibution is from a Political Committee or	enter last name, first name, an Independent Committee	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1				
Is this contribution from a PAC? YES	4. Date of Receipt Q_21-2	00.	12/00	
Name: Kevin Brown	•		275 000	4.1 (00
	9-28-2	000	15/100	425.00
Address: 18955 29 mile	•		1)0	
Ray M: 48196		+		•
5. If over \$100,00 cumulative, please pro Occupation TRUCKING	vide: Employer SU			
Business Address See about	$e^{-\frac{1}{2}}$			
Type of Contribution: Direct	☐ Loan from a person	Fund Raiser		
3. Contribution # 2	22 Coan nom a person	- ruliu Naisei		
1	10 100) _{5.4-}		
Is this contribution from a PAC? LYES	4. Date of Receipt 10-25-7		250.00	
Name: Rebecca Dearing	10-10-2	800	220.00	42000
Address: 18520 28 mile	**]	220.	,,,
	•	į		
Ray m. 48096		Ì		
5. If over \$100.00 cumulative, please pro	ride: 📿 🖊			•
OccupationE	vide: Self imployer_Self			•
Business Address Sel about	_	1		
Type of Contribution: 🏿 Direct	☐ Loan from a person	☐ Fund Raiser		
3. Contribution #3				
Is this contribution from a PAC? YES	4. Date of Receipt LO-14-2	000		
<u> </u>			100.00	•
Name: Quality Turniture	9-28-2	000	10000	-
Address: 31 MILE	•		200.00	300.00
121 Milling	•	•	Ī	**
5. If over \$100.00 cumulative, please pro-	ride: - 11			
Occupation E	mployer_Scall	•	·	
< /	in			
Business Address		7		·
	☐ Loan from a person [Fund Raiser		
3: Contribution # 4	n m -		ζ. [
Is this contribution from a PAC? YES		<u>වෙර</u>	\	_
Name: ETT DEAL RIEN has	:t .	į	400.00	400.00
	·	•	`	• •
Address: 67797 Hartway			•	
RAY MI 48096	•			
5. If over \$100.00 cumulative, please prov		1		
Occupation 1 12UC/L. E	mployer		**	
Business Address Su aloof	,	1		
Type of Contribution: Direct	☐ Loan from a person [Fund Raiser	1	į
17F2 at Cottainadion, A Dilect	Loan nom a person	- i unu raiser		
		Page Subtotal	1595.00	
	Grand Total	of All Schedules 2A	1-10-	
·	(Complete on last		.	
	(Complete of last)	- Carlotte (
	·	Ļ	Enter this total	
		•	on line 3a of	
			Summary	
Page 2 of 3	Authority granted under P	A 200 of 4070	Page 244	
· · · · · · · · · · · · · · · · · · ·	Augionity granted under P	A. 300 UL 1970	CFP 7/1	999nac2A

Authority granted under P.A. 388 of 1976

CFR 7/1999pac2A



ITEMIZED CONTRIBUTIONS SCHEDULE 2A INDEPENDENT OR POLITICAL COMMITTEE

RTMENT OF STATE

	101. all	27
1. Committee I.D. Number_	00124911	ے م

2. Committee Name CITIZEN ASSOCIATION OF RAY TWO PAC

Please enter contributor's name and address middle initial. Check box to indicate if contri (Both are commonly called PACs).			6. Amount	7. Curnulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution #1				acto of receipt j
Is this contribution from a PAC? YES Name: KEN GOIKE	4. Date of Receipt 9-28	- 2000	20000	200 00
Address: 22446 32 MIE RAY Mi 48896			JUG	200
5. If over \$100.00 cumulative, please prov Occupation Thuckey E	ride: mployer			
Business Address <u>See about</u>	<u></u>			
Type of Contribution: Direct	Loan from a person	☐ Fund Raiser		
3. Contribution # 2				
Is this contribution from a PAC? YES	4. Date of Receipt 10-10	-2000		
Name: Robert METZ			440.00	Clip 00
Address: 65491 HARtway			' '	790'
RAY Mi 48096'				
5. If over \$100.00 cumulative, please prov Occupation <u>FULNUL</u> E	ide: mployer			
Business Address See a boo-	e. ·			
Type of Contribution: Direct	☐ Loan from a person	☐ Fund Raiser		
3. Contribution #3				
Is this contribution from a PAC? YES Name: Debbie Fiulay	4. Date of Receipt 10-10	<u>5 ÷200</u> 6	446.00	440.00
Address: 21133 30 mile				
KAY M. 48096 5. If over \$100.00 cumulative, please prov Occupation E	ide:			
Business Address See a 600				
Type of Contribution: X Direct	☐ Loan from a person	☐ Fund Raiser		
3. Contribution # 4	Coan irom a person	- rund Raiser		
Is this contribution from a PAC? YES Name:	4. Date of Receipt			
Address:	,	•	.	
5. If over \$100.00 cumulative, please provi	de:		豪	
Business Address				
Type of Contribution: Direct	☐ Loan from a person	☐ Fund Raiser	1	1
		Page Subtotal Fotal of All Schedules 2A ast page of Schedule)	1080 00 4435 00	
		•	Enter this total on line 3a of Summary	

Page <u>3</u> of <u>3</u>

Authority granted under P.A. 388 of 1976

cfr 7/1999pac2A

Page



MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

ITEMIZED IN-KIND EXPENDITURES

1. Committee I. D. Number 6013(91/ -50 **SCHEDULE 2B-2** CITIZEN ASSOCIATION OF RAYTWOP INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name 3. Name and Address of person or 4. Type of In-Kind Expenditure (Check applicable 8. Fair Market 7. Amount or 9. Cumulative committee to whom goods or services Money Spent Value (Loan for the Election were donated or loaned, or for whom (Purchased Endorsement or Election goods or services were purchased. 5. Date of Expenditure Goods or or Guarantee, Cvcle Services) Loan or Donation (Through date 6, Name & Address of Vendor from whom goods of Goods or in Item 5) or services were purchased Services) Expenditure #1 4.

Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated Goods or Services Purchased ☐ Goods or Services Purchased -LOAN 143.62 143.62 Description mailing of flyers Supervisor Office Sought & District # or Jurisdiction 5. DATE OF EXPENDITURE: 8-0-2000 Malbmb 6. VENDOR NAME & ADDRESS: POST MOSTER County **Ballot Proposal** Expenditure #2 4.

Endorsement or guarantee of bank loan Name: Goods Donated or Loaned ☐ Services Donated Address: Goods or Services Purchased Goods or Services Purchased -LOAN Name of Candidate Description Office Sought & District # or Jurisdiction 5. DATE OF EXPENDITURE: County 6. VENDOR NAME & ADDRESS: Ballot Proposal Expenditure #3 4.

Endorsement or guarantee of bank loan Name: ☐ Goods Donated or Loaned Address: ☐ Services Donated ☐ Goods or Services Purchased ☐ Goods or Services Purchased -LOAN Name of Candidate Description _ Office Sought & District # or Jurisdiction 5. DATE OF EXPENDITURE: County 6. VENDOR NAME & ADDRESS: Bailot Proposal Page Subtotal 143.62 Grand Total of all Schedules2B-2 (Complete on last page of Schedule) Enter this total on

Page ____ of ___

Authority granted under P.A. 388 of 1976

CFR 5/2000 2B-2

Enter this total on line 8c of the Summary Page

line 11 of the Summary Page



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

ITEMIZED INDEPENDENT EXPENDITURES SCHEDULE 2B-1 INDEPENDENT OR POLITICAL COMMITTEE

1.	Comr	mittee	e I.D.	Numb	er_ <i>[</i>	369/1	50		
_	_			A	Lucia	1		 -0	 ,

2. Committee Name In Tick to Hospital And All Committee In the Indiana Parative Alice In the Indiana Parative Alice In Indiana Parative Alice In Indiana Parative Alice Indiana Parativ

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

Committees or Ballot Question Committees.		****		
3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election Cycle
Expenditure #1 Name & Address: APL Promotional PO BOX 578 74135 Church Street Armada mi 44005 4. Purpose: Signis Expenditure Code: SA Support: M Oppose Oppose	5. See Arrached (slate) Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal County Check box if expenditure is payment of Debt or	6-8-2000 4-24-2000 16-3-2000 16518-2000	1061.80 897.80	⁸ 2314.17
4 44 601	Obligation reported on previous statement	1 7 46	. Oh OK	
Expenditure #2 Moul DOY Ect. Name & Address: (04/55 Van DYKE WASNING FON TWO mi 49095	5. SEE AHOCHED (SLATE) Name of Candidate Office Sought & District # or Jurisdiction	8-4-7000	195.95 435.36 153.76 173.68	952.94
4. Purpose:	Ballot Proposal County Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address: Post Mastels 119 Church Street Romeo Mi 48065	5. SEE Attached (Slott) Name of Candidate	8-4-2000 8-4-2000 10-13-200	143.62 143.62 169.49	A-Contract A
4. Purpose: Mouling Expenditure Code: MA	Office Sought & District # or Jurisdiction Ballot Proposal	8:28-200 10-30-200	143.62	606.22
Support: DE ⊕pose □	County Check box if expenditure is payment of Debt or Obligation reported on previous statement		*	
	Subtotal th Grand Total of all Schedu (Complete on last page of	les 2B-1	Enter this total on line 9 of the Summary Pag	

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page ____ Of ____



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

FILED

AN IO: 43

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	3. This Statement covers From: 10133	00 To 11/27/00
1. Committee I.D. Number	4. Committee's Wailing Address	
60136911 50	PO Box 1 Rom	w Mi 48065
2. Committee Name Citizens Association of Ray Two PAC	Area Code and Phone S/O 995 If the address in this box is different from the coorganization, mail may be sent to this address	ommittee mailing address on the Statement of
5. Treasurer's Name and Residential Address		
Cheryl Godbey	•	
19600 29 mile Ray mi 48096	Area Code and Phone 580	-405-1596
6. Treasurer's Business Address	7. Designated Record Keeper's Name and Maili	ng Address (If the committee has a Designated
Area Code and Phone	Record Keeper)	Area Code and Phone
8. TYPE OF STATEMENT:		APPLICABLE TO INDEPENDENT AND
APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL 8a. TRIANNUAL STATEMENTS	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL	POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL
Even Year Odd Year	8d. ANNUAL STATEMENT	8g. AMENDMENT TO CAMPAIGN STATEMENT
April 25 January 31	8e. PRE-ELECTION OR	(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)
July 25 July 25 October 25 October 25	8f. POST-ELECTION	8h. DISSOLUTION OF COMMITTEE
October 25 October 25	Pre-Election or Post-Election	
Bb. QUARTERLY STATEMENTS	Statement relates to:	Effective Date of Dissolution
CAUCUS COMMITTEES (ONLY)	PRIMARY GENERAL	By checking this item, I\We certify that
January 31 April 25	CONVENTION SCHOOL SPECIAL CAUCUS	the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be
July 25 October 25	Date of Election, Convention or Caucus:	granted, that this be considered a request for the Reporting Waiver.
8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e of the information listed in items 2, 4, 5, 6 or 7 has changed sir the Statement of Organization should accompany this Campaid deadline of a required campaign statement, that campaign 9. Verification: I certify that all reasonable diligence was used.	expenditures and outstanding debts count against ince the information was shown on the committee's gn Statement. If a request for a Reporting Waiv statement can not be waived.	the \$1,000 Reporting Waiver threshold. If any statement of Organization, an amendment to ter is not received on or before the filing
v. vemoguvii, i eeriiv maran leasunable diidelike Was used -	ar ne oreuaranon or nos sialement ano alfachen s	STREETINGS OF SUMMARING TO PROPERTY MY

Cheryl Godbey

Cheryled Godbey 1

1. Committee I.D. Number 00/3 69 // 50

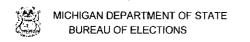
isens appoint 2. Committee Name / SUMMARY PAGE INDEPENDENT OR POLITICAL COMMITTEE RECEIPTS Column 1 Column II This Period Cumulative for Calendar Year 3. Contributions a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8 (3a.) \$ ___ (3b.) \$___NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) c. Subtotal of "Contributions" (18.) \$ _____ (3c.) \$ 4. Other Receipts (Schedule 2A-1, Column 6) (4.) \$____ (19.) \$ _ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) (5.) \$ (20.)\$ IN-KIND CONTRIBUTIONS 6. In-Kind Contributions (6a) \$ a. Itemized (Schedule 2-IK, Column 7) NOT APPLICABLE (6b.) \$___ b. Unitemized (less than \$20.01 each - no Schedule) 7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) **EXPENDITURES** (8a.) \$ 41 8.05 8. Expenditures a. Itemized Direct (Schedule 2B, Column 7) (8b.) \$ _____ b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6) c. In-Kind Expenditures- Purchase of Goods or Services (8c.) \$ __ (Schedule 2B-2, Column 7) d. Unitemized (less than \$50.01 each - no Schedule) e. Subtotal of Expenditures 9. Independent Expenditures (Schedule 2B-1, Column 7) 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) **IN-KIND EXPENDITURES** 11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) (11.) \$ _____ (25.) \$ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 2E) (12a.) \$ ____ b. Owed to the Committee (Schedule 2E) (12b.)\$ **BALANCE STATEMENT** 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Total Expenditures - Column I) (16.) -_ 17. ENDING BALANCE

(17.) \$_

(Subtract line 16 from line 15)

^{*}If your ending balance is negative, please recheck your math.

1. Committee I.D. Number 00/36 9// 50



Page ____ of ____

ITEMIZED DIRECT EXPENDITURES

SCHEDULE 2B INDEPENDENT OR POLITICAL CO	Committee 2 Committee Name //	tizens association of Ra
	DIVINITIEE 2. Committee Name	
Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date 7 Amount 8. Cumulative for Election or Election Cycle
Expenditure #1		
Name & Address:	5. Name of Candidate	10/- 1//21
Post Illaster	Name of Candidate	12/9 s:140.60 s
Post Master 5 119 Cherch St Romas Mi 48065		Date
1. March March	Office Sought & District # or Jurisdiction	
REMIS 111 48005	Macomb	Click Here for Memo Itemization Type
1 1/2 /2 12	County	Click riele for Metho herrization Type
4. Purpose: Mailing		
_	Ballot Proposal Check box if expenditure is payment of Debt	
Fund Raiser	or Obligation reported on previous statement	
Expenditure #2	5.	. /
Name & Address:	Name of Candidate	12/15/00 \$ 159.49 \$
Post Masters	Name of Sandrate	Date \$ 757.77
119 Church St	Office Sought & District # or Jurisdiction	
119 Cheeren of	(Magazah	Click Here for Memo Itemization Type
LomaoM: 48065	County	
4	f .	·
4. Purpose: <u>Mouleng</u>	Ballot Proposal	
Fund Raiser	Check box if expenditure is payment of Debt	
Expenditure #3	or Obligation reported on previous statement	
Name & Address:	5.	//
Mail Box Ect	Name of Candidate	12/200 s 114.96s
Allaceron Co.		Date
1041565 Van DYKE	Office Sought & District # or Jurisdiction	Official Manual formation and the state of t
Jackwaln Mi 48095	Macomb	Click Here for Memo Itemization Type
441565 Van Dyke Washington Mi 48095	County	
4. Purpose: Thank you flyw		
	Ballot Proposal Check box if expenditure is payment of Debt	·
Fund Raiser	or Obligation reported on previous statement	
Expenditure #4 Name & Address:	5.	
Tulle a Address.	Name of Candidate	
		¢ ¢
	Office Sought & District # or Jurisdiction	Date
	County	Click Here for Memo Itemization Type
	Dellat Province	
4. Purpose:	Ballot Proposal Check box if expenditure is payment of Debt	
Fund Raiser	or Obligation reported on previous statement	
	Sub	ototal this page 4/18.05
	Grand Total of a	
•	(Complete on last pa	
		Enter this total
		on line 9 of the Summary Page



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

CA JAN 28 AM 10: 42

FOR CARRICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	3. This Statement covers From WYZE/C	00 to /2/31/0/			
Committee I.D. Number	4. Committee Mailing Address				
00136911 60					
2. Committee Name	1				
Citizens Association of Ray Twp PAC	C Area Code and Phone				
	If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.				
5. Treasurer's Name and Residential Address					
Cheryl Godbey 19600 29 Mile Ray Mi, 48096					
	Area Code and Phone (586)				
6. Treasurer's Business Address	7. Designated Record Keeper's Name and Mailin Record Keeper)	ng Address (If the committee has a Designated			
Area Code and Phone		Area Code and Phone			
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL 8a. TRIANNUAL STATEMENTS Even Year Odd Year	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL 8d. ANNUAL STATEMENT	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL 8g. AMENDMENT TO CAMPAIGN STATEMENT			
Even Year Odd Year April 25 January 31	8e. PRE-ELECTION OR	(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being			
July 25 July 25	_	amended)			
October 25 October 25	8f. POST-ELECTION Pre-Election or Post-Election	8h. DISSOLUTION OF COMMITTEE			
06	Statement relates to:				
8b QUARTERLY STATEMENTS CAUCUS COMMITTEES (ONLY)	PRIMARY GENERAL	Effective Date of Dissolution			
January 31 April 25 July 25 October 25	CONVENTION SCHOOL SPECIAL CAUCUS Date of Election, Convention or Caucus:	By checking this item, IWe certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.			
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e of the information listed in items 2, 4, 5, 6 or 7 has changed sir the Statement of Organization should accompany this Campaig deadline of a required campaign statement, that campaign	expenditures and outstanding debts count against to note the information was shown on the committee's gn Statement. If a request for a Reporting Waiv	the \$1,000 Reporting Waiver threshold. If any Statement of Organization, an amendment to			
Verification: I certify that all reasonable diligence was used knowledge and belief the contents are true, accurate and com		chedules (if any) and to the best of my			
Current Treasurer or Cheryl Godbey	, Cheryle you	bey Date			
Designated Record Keener Type or Print Name	/ \$ignature				

1. Committee I.D. Number 00136911 50

SUMMARY PAGE

2. Committee Name Citizens Association of Ray Twp PAC

INDEPENDENT OR POLITICAL COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
Contributions a. Itemized Contributions		
(Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 0.00	(18.)\$ 0.00
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ 0.00	(20.)\$ 0.00
IN-KIND CONTRIBUTIONS		
In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(7.) \$ 0.00	(21.)\$ 0.00
8. Expenditures	(8a.) \$ 0.00	
a. Itemized Direct (Schedule 2B, Column 7)	(8b.) \$ 0.00	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)		
 c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7) 	(8c.) \$ 0.00	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ 0.00	
e. Subtotal of Expenditures	(8e.) \$ 0.00	(22.) \$ 0.00
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ 0.00	(23.) \$ 0.00
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 0.00	(24.)\$ 0.00
IN-KIND EXPENDITURES		
11.ln-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.)\$ 0.00	(25.)\$ 0.00
DEBTS AND OBLIGATIONS		
12. Debts and Obligations a. Owed by the Committee (Schedule 2E)	(12a.)\$ 0.00	·
b. Owed to the Committee (Schedule 2E)	(12b.) § 0.00	
BALANCE STATEMENT 13. Ending Balance of last report filed		
(Enter zero if no previous reports have been filed.)	(13.) \$ 0.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 0.00	···
15. SUBTOTAL Add lines 13 and 14	$(15.) = \frac{0.00}{0.00}$	
16. Amount expended during reporting period		
(Line 10, Total Expenditures - Column I)	(16.) - 0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 0.00	*
*If your ending balance is negative, please recheck your math.	· · · · · · · · · · · · · · · · · · ·	

^{*}If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

FILED AN IO: 42

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	T CVETACOSO, MICHIO	2 To 12/31/02
1. Committee I.D. Number 00136911 60	ቀላርommittee's Mailing Address	
2. Committee Name	1	
Citizens Association of Ray Twp PAC	Area Code and Phone If the address in this box is different from the c Organization, mail may be sent to this address	
5. Treasurer's Name and Residential Address		
Cheryl Godbey 19600 29 Mile Ray Mi, 48096		
	Area Code and Phone (586)	405-1596
6. Treasurer's Business Address	7. Designated Record Keeper's Name and Mail Record Keeper)	ing Address (If the committee has a Designated
Area Code and Phone		Area Code and Phone
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL 8a. TRIANNUAL STATEMENTS Even Year Odd Year April 25 January 31 July 25 July 25 October 25 October 25 8b. QUARTERLY STATEMENTS CAUCUS COMMITTEES (ONLY) January 31 April 25 July 25 October 25 8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL 8d. ANNUAL STATEMENT (Coverage Year) 8e. PRE-ELECTION OR 8f. POST-ELECTION Pre-Election or Post-Election Statement relates to: PRIMARY GENERAL CONVENTION SCHOOL SPECIAL CAUCUS Date of Election, Convention or Caucus:	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL 8g. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. DISSOLUTION OF COMMITTEE Effective Date of Dissolution By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.
A committee that does not have a Reporting Waiver must file Schedules. Direct contributions, in-kind contributions, loans, of the information listed in items 2, 4, 5, 6 or 7 has changed si the Statement of Organization should accompany this Campa deadline of a required campaign statement, that campaign	expenditures and outstanding debts count against ince the information was shown on the committee iign Statement. If a request for a Reporting Wai	the \$1,000 Reporting Waiver threshold. If any s Statement of Organization, an amendment to
Verification: I certify that all reasonable diligence was used knowledge and belief the contents are true, accurate and contents.	nplete.	
Current Treasurer or Cheryl Godbey	, Chengles	bakupate
Designated Record Keeper Type or Print Name	Signature	

1. Committee I.D. Number 00136911 50

SUMMARY PAGE INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name Citizens Association of Ray Twp PAC

INDEPENDENT OR POLITICAL COMMITTEE RECEIPTS	Column I This Period	Cumulativa for Calendar Voca
3. Contributions	•	Cumulative for Calendar Year
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 0.00	(18.)\$ 0.00
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ 0.00	(19.)\$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) N-KIND CONTRIBUTIONS	(5.) \$ 0.00	(20.) \$ 0.00
8. In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(7.) \$ 0.00	(21.)\$ 0.00
B. Expenditures	(8a.) \$ 0.00	
a. Itemized Direct (Schedule 2B, Column 7) b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ 0.00	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ 0.00	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ 0.00	
e. Subtotal of Expenditures	(8e.) \$ 0.00	(22.) \$ 0.00
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ 0.00	(23.) \$ 0.00
10. TOTAL EXPENDITURES (Add Line 8e + Line 9) N-KIND EXPENDITURES	(10.) \$ 0.00	(24.)\$ 0.00
11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 28-2, Column 8) DEBTS AND OBLIGATIONS	(11.)\$ 0.00	(25.)\$ 0.00
12. Debts and Obligations a. Owed by the Committee (Schedule 2E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ 0.00	
BALANCE STATEMENT 3. Ending Balance of last report filed		
(Enter zero if no previous reports have been filed.)	(13.) \$ 0.00	
Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 0.00	
5. SUBTOTAL Add lines 13 and 14	$(15.) = \frac{0.00}{0.00}$	
Amount expended during reporting period (Line 10, Total Expenditures - Column I)	0.00	
7. ENDING BALANCE (Subtract line 16 from line 15)	(16.) - 0.00 (17.) \$ 0.00	1877-8 LL

^{*}If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

	22 0.01 10W	L GOL CHE!
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	3. This Statement covers From: 1/1/03	To 12/31/03
1. Committee I.D. Number	4. Committee's Mailing Address	•
00136911 60		
2. Committee Name	Ī	
Citizens Association of Ray Twp PAC	Area Code and Phone	
, ,	If the address in this box is different from the co	– immittee mailing address on the Statement of
	Organization, mail may be sent to this address	
5. Treasurer's Name and Residential Address		·
Cheryl Godbey		
19600 29 Mile		
Ray Mi, 48096		
	Area Code and Phone (586)	405-1596
6. Treasurer's Business Address	7. Designated Record Keeper's Name and Mailin	
·	Record Keeper)	
·		
Area Code and Phone		Area Code and Phone
8. TYPE OF STATEMENT:		APPLICABLE TO INDEPENDENT AND
APPLICABLE TO INDEPENDENT AND POLITICAL		POLITICAL COMMITTEES REGISTERED
COMMITTEES REGISTERED ON STATE LEVEL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED	ON STATE AND COUNTY LEVEL
8a. TRIANNUAL STATEMENTS	ON COUNTY LEVEL	STATE AND COUNTY LEVEL
THIS WHO SE OF THE INTERIOR	OJ MANNUAL OTATEMENT	8g. AMENDMENT TO CAMPAIGN
Even Year Odd Year	8d. ANNUAL STATEMENT (Coverage Year)	[™] LJ STATEMENT
April 25 January 31		(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being
	8e. PRE-ELECTION OR	amended)
July 25	8f. POST-ELECTION	
October 25 October 25	Pre-Election or Post-Election	8h. DISSOLUTION OF COMMITTEE
_	Statement relates to:	
8b.QUARTERLY STATEMENTS	PRIMARY GENERAL	Effective Date of Dissolution
CAUCUS COMMITTEES (ONLY)	GENERAL	By checking this item, I\We certify that
	CONVENTION SCHOOL	the committee has no asset or outstanding debts, including late filing fees. Further, I
January 31 April 25	SPECIAL CAUCUS	request that if the dissolution cannot be
July 25 October 25	Date of Election, Convention or Caucus:	granted, that this be considered a request for the Reporting Waiver.
SPECIAL ELECTION INDEPENDENT		Note: The disposition of residual funds must
8c EXPENDITURE REPORT		be reported on Schedule 2B and the Summary Page.
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e of the information listed in items 2, 4, 5, 6 or 7 has changed sir the Statement of Organization should accompany this Campaig deadline of a required campaign statement, that campaign	xpenditures and outstanding debts count against lace the information was shown on the committee's gn Statement. If a request for a Reporting Waiv	statements must include all applicable the \$1,000 Reporting Waiver threshold. If any Statement of Organization, an amendment to
9. Verification: I certify that all reasonable diligence was used	in the preparation of this statement and attached s	schedules (if any) and to the best of my
knowledge and belief the contents are true, accurate and com		11 M
Cheryl Godbey	(1 / har. D.) &	Yorke
Current Treasurer or	Signature	Date
Designated Record Keeper Type of Fifth Name	Olginature .	



1. Committee I.D. Number 00136911 50

SUMMARY PAGE
NDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name Citizens Association of Ray Twp PAC

RECEIPTS RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		Community of Culondar Teal
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 0.00	(18.)\$ 0.00
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) N-KIND CONTRIBUTIONS	(5.) \$ 0.00	(20.)\$ 0.00
6. In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	·
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(7.) \$ 0.00	(21.)\$ 0.00
Expenditures a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 0.00	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ 0.00	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ 0.00	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ 0.00	
e. Subtotal of Expenditures	(8e.) \$ 0.00	(22.) \$ 0.00
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ 0.00	(23.) \$ 0.00
10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES	(10.) \$ 0.00	(24.) \$ 0.00
11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) DEBTS AND OBLIGATIONS	(11.)\$ 0.00	(25.) \$ 0.00
12. Debts and Obligations a. Owed by the Committee (Schedule 2E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 2E)	(12b.)\$ 0.00	
BALANCE STATEMENT 13. Ending Balance of last report filed		***
(Enter zero if no previous reports have been filed.)	(13.) \$ 0.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 0.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 0.00	- 74-th-
 Amount expended during reporting period (Line 10, Total Expenditures - Column I) 	(16.) - 0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 0.00	*

^{*}If your ending balance is negative, please recheck your math.